Plat	No.	

Official use only: Preliminary Replat		
i temimary Replat		
Date Application Submitted		
Date of Notice of Incomplete Application		
All Documents Received		
Deficiencies Letter Sent		
Corrections Approved		
Review Meeting Date		
Scheduled for City Council		
Date Preliminary Plat Approved		



Official use only:	
Final Replat	
Date Application Submitted	
Date of Notice of Incomplete Application	
All Documents Received	
Deficiencies Letter Sent	
Corrections Approved	
Review Meeting Date	
Scheduled for City Council	
Date Final Plat Approved	

## **Application for Replat Approval**

Address:	_ Phone:
_ Street - Nearest Cross Street	
o County:	
Zoning Classification	on:
Phone:	
bmitted? Yes No I	Date:
rmat? Yes No	Date:
	Street - Nearest Cross Street County: Zoning Classification Phone: bmitted? Yes No I

## Certification:

I hereby certify that I am the owner of the above described property. I am respectfully requesting processing and approval of the above referenced plat. I agree to comply with the requirements in all applicable City Codes. I agree to provide all necessary information concerning this submittal. I understand that any substantial modifications or additions to this submittal can mean the requirement of a revised plat. I certify that I have been informed and understand the regulations regarding this process as specified by City Ordinance.

Owner's Signature

Owner's Printed Name

I also hereby authorize the Applicant, Agent, and or Engineer listed on this application to act on my behalf during the processing and presentation of this request. They shall be the principal contacts with the City in processing this application.

Owner's Signature

Owner's Printed Name

Applicant's Signature

Applicant's Printed Name